

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A.991

Office of Registrar of Vital Statistics.

Ward 2²

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. C

Date of Death,

July 5th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Margaret E. Bramen

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, 20 Years,

11

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Single

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give Street and Number. }

No 617 S. Wolf st

Pathicis Pulmonalis

Cause of Death, { First (Primary),

Second (Immediate),

Duration of Last Sickness,

12 Months

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cemetery

Date of Burial, July 8th

Thomas D. Evanson M. D.

Medical Attendant.

Undertaker, Wm. Nicolson

th

Place of Business, 1715 Alcoona

Address, 22 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A.992 Office of Registrar of Vital Statistics. Ward 19²

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death,

May 6th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Wilhelmina. Young

Sex, Male or Female, { Cross out the word not required in this line. }

6

Months,

Days.

Age,

Years,

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Baker Ned

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 1129 St. Paul's Av.

Cause of Death, { First (Primary), Cholera infantum
Second (Immediate), Congestive Liver

Duration of Last Sickness,

3^{ds}

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, July 7/87

{ Undertaker, Denny & Mitchell

{ Place of Business, 1201 W. Fayette Address, 736 N. Calvert St.

M. D.

Medical Attendant.

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[OVER.]

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Health Department, City of Baltimore.

Permit No. A 993

Office of Registrar of Vital Statistics.

Ward 5 1/2

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CERTIFICATE OF DEATH.

Date of Death, July 6, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male or Female, { Cross out the word not required in this line.

Age, Years, 4 Months, 24 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. Single

Occupation, F F

Birth Place, { State or country, and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number.

Cause of Death, { First (Primary), Cholera Infantum

Second (Immediate).

Duration of Last Sickness, 11 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, July 7, 1887

Undertaker, H. Hoffman

Place of Business, 211 N. Eelen St., Address, 1701 E. Ball

James E. Donville

M. D.

Medical Attendant.

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[OVER.]

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Health Department, City of Baltimore.

Permit No. A 994 Office of Registrar of Vital Statistics. Ward 19²

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CERTIFICATE OF DEATH.

Date of Death, Wednesday 6th July

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emanuel Schaub

Sex, Male or Female, { Cross out the word not required in this line. } Otto Schaub

Age, Years, 2 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } S

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore, Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 1325 W. Baltimore St.

Cause of Death, { First (Primary), Second (Immediate), } Marasmus

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, July 7th 1887

Undertaker, S. M. Landon & Son M. D.

Place of Business, 782 W. Baltimore Address, 1209 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[over.]

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Health Department, City of Baltimore.

Permit No. A 995 Office of Registrar of Vital Statistics.

Ward 7²

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CERTIFICATE OF DEATH.

Date of Death, July 7, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Katie Riley

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, — Years, Seven (7) Months, Eight (8) Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ✓

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore, Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give Street and Number. } No. 1616 Church St

Cause of Death, { First (Primary), Chorea Infantum
Second (Immediate), Convulsions }

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, St Alphansus

Date of Burial, July 8, 1887

Undertaker, Frank. C. Cook

Place of Business, 823 N. Durham

Mr. H. Clendinen M. D.
Medical Attendant.

Address, No. 418 N. Broadway

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Health Department City of Baltimore.

Permit No. A 996 Office of Registrar of Vital Statistics. Ward 5¹

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CERTIFICATE OF DEATH.

Date of Death,

July 6/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Janice Matilda

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, Months, 21 Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baldo.

Duration of Residence in the City of Baltimore,

Lipkin

Place of Death, { Give Street and Number. }

303 Forest St.

Cause of Death, { First (Primary), Second (Immediate), }

Enter - Cerebral

Paralysis.

Duration of Last Sickness,

5 days

All the above information should be furnished by the Physician.

Place of Burial, Reb Shallow Cemetery.

Date of Burial, July 8th 1887.

Edward J. MacDermott M. D.

{ Undertaker, Evans & Spencer

Medical Attendant.

{ Place of Business, 1000 E Balto St. Address, 208 Easy with st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

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Health Department, City of Baltimore.

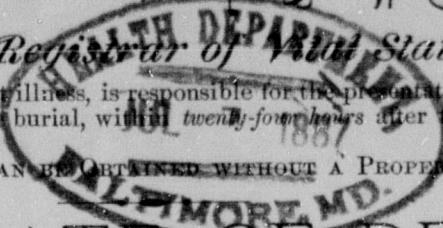
Permit No. A-997

Office of Registrar of Vital Statistics.

Ward 20

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CERTIFICATE OF DEATH.

Date of Death, July 6th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Goldie Peacock

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 6 Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, none

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, { Give Street and Number. } 1118 Laurel St

Cause of Death, { First (Primary), Cholera Infantum
Second (Immediate), }

Duration of Last Sickness, 10 Days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cent

Date of Burial, July 7 1887

{ Undertaker, Evans & Spence }

{ Place of Business, 1000 Baltimore Address, 1437 Orleans }

J J Groff

M. D.

Medical Attendant.

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[over.]

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Health Department City of Baltimore.

Permit No.

A 998

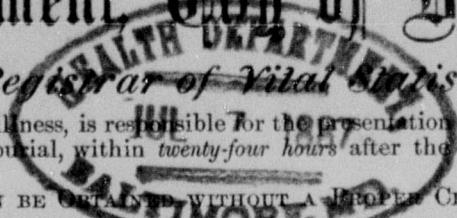
Office of Registrar of Vital Statistics.

Ward

18th

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CERTIFICATE OF DEATH.

Date of Death,

July 8th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Ida May Hunter

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years,

26

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Baker

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give Street and Number. }

1159

~~Washington Ave~~

Chesapeake & Ohio Canal

Sparrow

Duration of Last Sickness,

One week

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, July 7th

Undertaker, Jos. Laerdens & Son

Place of Business, 210 St. Schroeder Address,

H. L. Speed

M. D.

Medical Attendant,

J. B. C. Miller Jr.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. **A 999**

Office of Registrar of Vital Statistics.

Ward **14**

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CERTIFICATE OF DEATH.

Date of Death,

July 6th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Catherine Kelley

Sex, Male or Female, { Cross out the word not required in this line. }

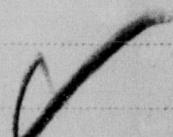
Age, **4** Years, **6** Months, **Days.**

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

—



Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

1032 W. Pratt

Cause of Death, { First (Primary), Second (Immediate), }

Pneumonia

Duration of Last Sickness,

3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, **Holy Cross**

Date of Burial, **July 8th**

Undertaker, **J. F. Brown**

Edw J. McHale M. D.

Medical Attendant.

Place of Business, **901 Hollins St**

Address, **702 W Lombard**

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[OVER.]

Health Department City of Baltimore.

Permit No. **1000**

Office of Registrar of Vital Statistics.

Ward **14**

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CERTIFICATE OF DEATH. **B**

Date of Death,

July 5th 87 **Mary E Richter**

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, **34**Years, **White**

Months,

Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. } **✓**

Occupation,

Balt. Md.

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, **during lifetime**

Place of Death, { Give Street and Number. }

*1415 W Pratt**Chronic Diverticulitis
Peritonitis**six weeks*

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore cemetery*Date of Burial, *July 8th 1887*{ Undertaker, *Geo B Cook* }{ Place of Business, *1003 N Baltimore* }*Louis H. Horn***M. D.**

Medical Attendant.

Address, *cor Mulberry & Myrtle*

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[OVER]